

ART. V.—PRESENT AND PROSPECTIVE MANAGEMENT OF THE INSANE.

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THERE is a pronounced tendency to discussion of methods and results in the management of the insane, which show that the present system does not meet in all respects, the expectations that are entertained of it in various quarters, public and private, lay and professional.

The fourth and last biennal report of the State Board of Public Charities of Illinois contains the following language “It is our opinion, however, that the present system of caring for the insane is far from realizing the highest ideal possible of attainment.” In the published “Proceedings of the Conference of Charities,” held in connection with the American Social Science Association at Saratoga, in September, 1876, Dr. Nathan Allen, in a very suggestive paper, remarks: “No thoughtful person can often visit these hospitals, [for the insane] and make much observation without seeing the importance of having more careful and discriminating supervision over them, and a more thorough investigation into the whole subject of insanity, * * * until some such provision is made, prejudice and mistrust will exist more or less in reference to these institutions, causing injury not only to the officers and their management, but indirectly, far greater injury to the public.”

In the annual report of the Massachusetts General Hospital for 1876, the following comment is made in connection with the McLean Asylum, one of the most elaborately equipped and carefully conducted institutions for the insane in the United States.” “For the treatment of insane persons, we

could wish some practice more encouraging in its remedial effects might be devised. As now administered, asylums for such unfortunates afford little more than a place where they may be isolated from society, kindly treated, and a watchful oversight maintained to prevent them from committing injury on themselves or their attendants. This may be all their malady admits of, but we hope not, preferring to look forward to a time when asylums shall be provided in which occupation can be introduced, diversified to meet the needs of the various cases, and through such means entice, if possible, the inmates into new fields of thought, and increase the percentage of curable cases."

Numerous quotations like the preceding ones might be adduced, but their import would be the same; while in a different and less temperate strain, innumerable contributions to the press, of philanthropists, novelists, ex-inmates of asylums, and even the *brochure* of one "amateur lunatic," re-echo the same opinions. At the same time it is true that these complaints have mostly an origin remote from any practical contact with the insane, and that those directly concerned in the care of them, for the most part, express themselves satisfied with present methods, claiming only that they need amplification. On the one hand, then, we have complaints more or less founded upon theory or sentiment, but entitled to candid consideration as arising from a state of affairs confessedly unhappy, whether admitting of remedy or not. And on the other, we have those who may be supposed to know best, as being most familiar with the practical side of the question, declaring themselves in agreement with the main features of asylums as at present administered. But these latter, occupying continually one point of view, and being identified with the established order of things, may be impervious to newer, even though better ideas; while some allowance must be made, in the former instance, for the difference between actual, concrete insanity, and abstract mental disease as viewed by the general public; by reformers and all *a priori* critics, however well meaning.

It is unlikely that the right is all on either the one side or the other; and the present paper is an attempt to examine

the question, and avoid both undue sentiment or theory and prejudice or ultra-conservatism as well, being based upon much practical knowledge of the insane and earnest thought for their welfare.

The principal subjects which call for discussion may be stated as follows:

- I. Means of employment and recreation for the insane.
- II. Degree to which confinement and restraint are necessary.
- III. The effect of asylum routine upon the individual patient.
- IV. Treatment received by patients from attendants.
- V. Relation of the institution for the insane (1) To the general public (2) To its own officers and employees. (3) To advancement of scientific knowledge.

Before entering upon these points it is well to remark, that the form of institution for the insane, under discussion here, is that which we find has almost universally grown up in our midst. An establishment accommodating several hundred, and merging into one—the “hospital” and “asylum.” The consideration of the question of numbers proper to be received into one institution, and of the separation of chronic and acute, is aside from the present purpose, and could only adequately be treated in a separate article.

I. Taking up our first subject as proposed above; viz., “Means of employment and recreation for the insane;” it is to be remarked at the outset that suitable occupation is not only desirable, but necessary to the well-being of the insane as much as of the sane; except where there is severe bodily disease or nervous prostration. In acute cases of insanity it can seldom take the form of labor, but the large mass of the insane, wherever found, would be infinitely healthier and happier, for systematic employment, could this by any means be secured for them.

If now it be asked, what the resources of the different institutions are in the way of employment, the reply is that they are limited, and, embrace in general, only the ordinary domestic occupations and some form of agriculture, with very rarely one or two of the more common trades, to which might be added, general “choring” about the establishment.

This does not afford great latitude of choice, and, as all the various pursuits in life are represented in the asylum in about the same proportion as in the outside world, we can hardly expect a very large number to find these avocations congenial or familiar.

Now in most of our asylums it is an acknowledged fact that a "sad idleness" largely prevails. Very few of the inmates do any systematic work, aside from the care of room or person, and trifling assistance about the ward or house.

It is reasonable to suppose that with greater efforts and increased facilities, numbers of the insane might be enlisted in beneficial work who are now worse than useless. If capable, strong and kindly persons could be more generally introduced among them for the purpose of discovering some employment adapted to the capacities of each; many whom only a special effort can reach, might be most happily influenced in the direction of health and productiveness. Work-rooms should be made pleasant, cheerful and attractive, and special rooms provided for teaching the less ready or willing patients. Some would have to engage in what was new to them, many would return to labor at which they had already served an apprenticeship. Some would only engage in what was simple, others would require light or fancy labor, many would only become capable of anything useful after long and patient assistance from others, a frequent change would be necessary for a certain number, but as long as any degree of self-respect or self-control remained, there would be enough to encourage the hope of winning back the dormant energies and temporarily paralyzed faculties, by providing some pursuit for which each one was fitted.

It might seem at first that any great diversification of employments would entail increased expenditure, but a candid consideration can hardly warrant this conclusion. On the other hand, it may be asked, why would not a wise and judicious management enable the State, in time, to establish in connection with its asylums an industry that shall be self-sustaining? Let the different departments of work have a goodly intermixture of sane men and women employed precisely as elsewhere. Their services would not be worth less to

the State than to other employers, if they were properly superintended. Let them, in addition, receive careful instruction and training in adapting themselves to the encouragement and guidance of the insane, who work with them; a good mutual understanding would naturally arise, as may be seen on a small scale, even in the present industries of any institution for the insane. Many of the inmates would, of course, be useful only in the cruder processes, but a goodly percentage of others would be found skillful and reliable in a high degree. It is impossible to predict how far the productiveness of the asylum might be increased; only judicious experiment can determine this, but it is safe to anticipate the gradual building up of industries which shall engage, more or less fully, all but a comparatively small fraction.

The pursuits found feasible would vary with localities, aptitudes and abilities, both of the insane and of those associated in their care; but simple forms of manufacture, like that of plain clothing, boots and shoes, and plain furniture, blacksmithing, mason work, harness making, would be found practicable, while there is a large field in which machines would play a useful part; such are knitting machines, looms for coarse weaving, machines for manufacture of tin-ware. Again, the making of mats, brooms, and similar articles would furnish many with employment. Furthermore, useful labor in repairing could be associated with several of the branches mentioned; these, it will be perceived, are all forms of work which cost the asylum large sums, and whatever is produced in this way would be a double gain, and even though a positive saving were not effected (which is very improbable), the labor would be in itself a valuable consideration for the welfare and recovery of patients.

It is to be feared that long habits of idleness have been engendered among the insane, which a greater diversification of employments is needed to break up. Indeed, the asylum is itself indirectly the cause of an immense deal of indolence and mischief among the insane, by congregating and confining hundreds of weak, and often depraved beings, whose reciprocal influence must be bad, and who prey in turn one upon another, having no useful direction in which to expend their energies,

because all that is open to them is a choice between domestic occupations or agricultural pursuits, the latter being also at a stand-still during winter. This is a necessary evil of the asylum to be combated by every available means, and it seems probable that increased facilities for employment, with systematic and wisely directed efforts in the direction proposed, may reclaim a very considerable part of those now turbulent and mischievous, and lead them gradually forward to self-respect, contentment and usefulness.

Coming now to recreation for the insane, we find this a subject which has received much attention in almost every institution. It requires no little study to enable any one to determine what is best adapted for the diversion of the insane; so large is the element of uncertainty, so limited the field from which choice can be made, and so changed are natural and healthy preferences and feelings, but there is one universally desirable method of procedure. It is that of ascertaining carefully the state of mind to be dealt with, before attempting to act upon it. Every case of madness offers a riddle for solution, and though there are sphinxes that baffle the keenest wit, faithful study will generally obtain a clue to the mystery. It is needed, however, in every case, and in view of this fact there is danger in our large institutions that amusements will assume too wholesale a character, and that the great essential of attracting *real* attention and interest will be overlooked. The idea of compulsion, upon which the asylum is unhappily but necessarily founded, should be, as far as possible, excluded from recreations, because it is fatal to all true enjoyment. The horse may be led to the water, but we cannot make him drink, and similarly, society or the State may establish what it believes to be fountains of health and happiness for the insane, and bring them forcibly to partake, but they show themselves neither more nor less perverse than the rest of mankind in refusing what others judge to be for their happiness, but what fails to meet their own wishes.

The greatest enjoyment of the insane who retain even a glimmering of intellect, as may be witnessed in any asylum, is in that which gives them some little freedom, restores to them for the time the responsibility of their own actions, and re-

moves the sense of restraint with which they are more or less constantly hampered. It is necessary, of course, to inquire what the tastes and previous modes of life have been. As a rule, except with certain melancholy patients, something which recalls former pleasing associations and brings the atmosphere of home, reaches the heart and thus the mind. The very large majority of all insane in public institutions are from the same general station in life. The recreations of the rural population, the laboring and artizan classes, are generally simple; husking and paring and quilting "bees," singing-school, pic-nics, excursions, sleigh-rides, dancing and social parties, concerts lectures, athletic sports—most of these, with slight precautions or limitations, would be applicable to the insane, and are increasingly in vogue, but still many institutions offer little, but one, or possibly two formal gatherings during the week and chapel service on Sunday, to which all are marched with military precision.

The ordinary amusements to be found in the town near the asylum are also attractive, as well as safe for a large number of patients, and such as are able to do so would generally enjoy attending them precisely like other people, even if they could have equally good entertainment in the asylum itself.

II. The second division made of our subject is: "The degree to which confinement and restraint are necessary."

The question how far it is proper and necessary to confine the insane, affords material for much discussion. Most of the American hospitals and asylums for the insane consist of one or more buildings of colossal dimensions, with a central or "administrative" building, and wings extending to right and left, for each sex. They are built in sections, either with continuous walls or partially detached. Each wing is divided into wards from 6 to 15 in number, accommodating from 12 to 40 patients, and these wards are all guarded by locked doors and grated windows. The patient can only enter or leave the ward with the aid of the attendant who carries the key. This is the manner in which all, with an occasional exception, are confined, and it needs no argument to prove that such confinement must be irksome; hence, it is a question worth discussion, whether it can be made less oppressive with safety.

and benefit. Patients who retain any degree of mind and sensibility, must feel keenly the disgrace of being told practically every time they look out through an iron window guard, that they are unfit to enjoy the slightest and commonest liberty, and while this is necessary for a certain class, it is questionable whether the whole establishment need be regulated by the requirements of the dangerous, destructive and suicidal, who are only a fraction of the whole. It is often a source of wonder that so many patients persist in regarding themselves as prisoners, and declare that they have committed no crime deserving of incarceration. We say "are they not granted numerous privileges and surrounded with comforts? What could be less like a prison than the asylum?" But however much it may surprise us, this rebellion against rigorous confinement remains, and, perhaps, one who has never been subjected to it, can but poorly judge how deeply in our nature it has its origin.

One of the chief remedies proposed for this severe curtailment of personal liberty is the "cottage system," or the plan of providing for the insane in separate buildings constructed like an ordinary dwelling, and conducted, so far as possible, in the style of domestic life. Other changes suggested, are the removal of guards from a portion of the windows and the opening of some of the wards to free egress and ingress for the patients.

The Eighth Annual Report of the State Board of Health, of Massachusetts, contains much interesting matter as to the increased liberties allowed patients in England and Scotland. Dr. C. F. Folsom, the secretary of the Board, has elicited much information from high authorities and combines his facts and opinions in a suggestive paper entitled "Disease of the Mind." He reviews the advances made in the care and treatment of the insane in different countries, and points out a time some twenty years ago, when he considers that America led all other nations in the excellence of its institutions for the insane. To-day, however, he shows that in Great Britain and Ireland there prevails, in most asylums, an absence of restraint and a degree of personal freedom greater than is found with us. The window-guards and locked doors are removed from a

greater or less portions of many asylums. At the Fife and Kinross Asylum, all the wards occupied by male patients, and all but two of those occupied by females, are free to enter or leave at the will of the patient. The Rainhill Asylum near Prescott, has no iron guards or window sashes in any part. On the occasion of a visit to the West Riding Asylum, Dr. Folsom found all the newer parts of the building had ordinary windows without guards. In Scotland the newly built asylums are practically without window-guards, and at the Royal Edinburgh Asylum, three of the older wards accommodating 140 patients on the first, second, and third floors have been fitted with plate glass windows not guarded in any way.

This movement in favor of more free and domestic arrangements for the insane, originated perhaps chiefly with the study of the celebrated "colony" for the insane, in Gheel, Belgium, whither for centuries, those afflicted with mental disease have been accostomed to resort, and where, for the most part, they have been quartered with the peasantry and lived as inmates of the household, a degree of freedom and contentment prevailing among them elsewhere unknown. This precise plan has been imitated in Scotland, with much less satisfactory results, but the essential idea of nearer approach to home life and less restraint has taken firm hold of both popular and professional minds, and various efforts to realize it are attracting public attention,

The principal of these is perhaps the "cottage" plan of construction. It is advocated as less expensive in its administration, and more philanthropic in its results. Buildings much cheaper in proportion to the number accommodated can without doubt be constructed on the plan of the ordinary dwelling-house, and as the cost of the average insane asylum, as now constructed, amounts to \$1,000 or \$1,500 for each person accommodated, while in many instances the figure reaches \$2,000 \$3,000, and even \$4,000, the saving of money will be a very important item, if the same result can be accomplished for \$500 or \$800 *per capita*.

The next question, of the advantages to accrue to the patient from this plan, and of the extent to which it is feasible, is a very complex one, and in the absence of any very definite

or conclusive results, it is only possible to advance opinions founded upon experience among the insane and upon some suggestive but incomplete experiments already made in that line.

It is notorious that the vast majority of the insane in our present asylums are discontented, perpetually urging their release, and so ill at ease in their surroundings, that usefulness is impaired and mental improvement hindered to a lamentable degree. The question next follows: To what extent is the cottage system a remedy for this state of affairs?

In answering this, it must be remembered,—and this sometimes seems in danger of being overlooked in these discussions,—that the fundamental idea of the asylum for the largest majority of its inmates is confinement or separation from the outside world. If the insane could follow the ordinary course of every day life, and mingle in the affairs of the world at large, there need be no asylums, for there is no merit, but rather detriment, in the mere fact of associating the insane together. The principal reason for congregating them in large institutions is the necessity of economy and efficiency in their care, and the compensating advantage is that the necessary appliances and skill can be thus commanded, and generally only thus; but so far as their reciprocal influence is concerned, the most that can be said in any case is, that it is not harmful; hence the greater the desirability of the intermixture among the insane of sound and healthy minds to as great an extent as possible.

Next, as to the origin of this discontent and suffering of the insane. Does it result from their being shut up in the asylum, or is it a necessary concomitant of disease? Each question may be answered in the affirmative for a different class. There are those who could never be made contented, or in any degree comfortable by any means which human ingenuity could devise, whose disease must pass away before any repose could come to their restless spirits, but another and much larger class is that composed of active and more or less intelligent and well disposed patients who crave liberty in a natural and healthy way and would have sufficient self-control not to abuse privileges extended to them.

The late Dr. Batty Tuke was the first to apply to the insane the maxim “the more you trust the more you may,” and Dr. Tuke’s brilliant success in making his asylum one of the most free in the world, with no bad results, justifies this policy. By the side of his watchword should be placed that of Dr. Browne of the West Riding Asylum,—“Treat the insane as men and women, and they will behave as such,” for his remark is equally exemplified by the order, quiet, freedom and manifold industries of that famous institution. Perhaps, however, the first utterance of this kind came from an American source.

Dr. Isaac Ray wrote in 1841; “In a word, we endeavor to treat our patients as every honorable, well-bred man treats another in the common intercourse of society;” and again: “Generally speaking, the more they, [the insane] are suffered to act like other men, then more they will strive to become like them.”

A somewhat different spirit has prevailed among those less familiar with the insane, and even those in contact with them do not perhaps easily divest themselves of all prejudice. It is safe to say that the most heated diatribes against the supposed wrongs perpetrated in depriving the insane of liberty and “inalienable rights” have come from those having the least practical knowledge of what the insane actually are, or how they may be dealt with. It is only necessary to observe the senseless apprehension with which personal contact with any and all insane persons is generally regarded, to see how little they are understood; and one result of this general ignorance in regard to them, is, that those undertaking their care are exposed to a constant cross-fire of opposite caprices, and liable to incur opprobrium either from a moderate and conservative course, or from any excess in the direction of freedom on the one hand, or restraint on the other;—so attractive are theories, so easy are denunciations, and so simple is destructive criticism to parties not charged with responsibility; and since a single error in judgment, or even a simple misfortune, is so liable to bring down the most bitter reproaches and undeserved censure, medical officers of asylums find themselves obliged to practice the most extreme caution, and will only gradually, and in harmony with improved gen-

eral knowledge, reach the golden mean of largest personal liberty for the insane, combined with greatest welfare and safety. It is my belief, however, that the insane may be more confided in than at present is the case with us, and that the horizon may be gradually widened for them in a way to increase both their happiness and the facility of caring for them.

In considering the "cottage" plan, if one may judge from the absence, in a tolerably large proportion of the insane, of any positive malicious or dangerous tendencies; from the beneficial effects so often observed even now of judicious increase of freedom; from the more domestic and home-like atmosphere which can be given the cottage, and from the happy effects of employment, which I believe should in most instances be made an essential of cottage life; one may reasonably expect good results from its introduction, though unable to predict how far they may reach.

The "cottage" plan as had in mind here, is a grouping of dwellings for the insane quite separated from each other, upon a tolerably extensive tract of land, and around central buildings intended for the general accommodation and for those unable to enjoy the more removed and independent life. The advantages to be derived from this plan are, a more domestic and less monotonous and restricted style of living, and less contact of those unfitted for mingling together; it is probable, too, and indeed is shown where it has been tried, that the removal of the more visible and obtrusive signs of imprisonment, will render the weight of confinement much lighter for many, and will thus greatly moderate the aversion with which they regard the asylum. Much of that destructiveness, too, which arises from the annoyance and vexation or sheer idleness of close confinement will be done away with.

One of the difficulties of the present mode of management is that it renders it harder to discriminate between the malice and mischief which are inherent necessities, and that which might be cured by a more complete change in mode of life. It will not be denied that some of the insane who seem to be under the dominion of their evil and destructive tendencies, may derive them to some extent from external circumstances; and the very element of change here introduced, is in itself im-

portant as a well known most powerful factor in the treatment of all maladies, mental even more than physical. Changes from one institution to another, or from one ward to another of the same institution are frequently found most salutary, although the two are apparently quite similar. Still more, then, with a number of differently surrounded, independent buildings, will there be opportunity for the working of change as a curative agency.

It is objected to some of the above considerations that many of the persons who would be fitted for the cottage are the very ones who complain least of the asylum as now arranged ; that extra liberties and privileges may be conferred on those fitted for them as well in one building as another; that there would be greater difficulty in preventing escapes and larger opportunities for mischief, and that great additional risks of fire and suicide would be incurred.

These points must indeed modify and limit selection of patients, and render necessary great caution on the part of officers, but they cannot be held to outweigh the arguments on the other side.

A much more valid objection is that relating to proper general supervision. It must be evident that these detached buildings, covering a much greater territory, will be reached with greater difficulty, and will have only at intervals the presence of any person more responsible than the attendant. They must, therefore, tax severely the vigilance of officers in control, and will necessitate the employment of highly trustworthy attendants, and even when the best possible have been secured, there can be no certainty that abuses will not arise, and where they do, they will be much more difficult to discover and cure. The approach of physicians, supervisors and night or day watchmen to the several buildings can always be seen and prepared for; larger opportunities for lawlessness and neglect thus being afforded.

A further weighty question is, how far such a system may apply to females. There are strong objections both to leaving them day and night with no man within call, and to introducing males, even man and wife, into their household, while the additional opportunities afforded to such patients by the

“cottage,” for going about unobserved and unguarded, might produce most deplorable results. Attendants also would be able to leave the house readily by night as well as by day, and persons lacking in character might in various ways bring lasting reproach upon the good name of the institution, and those responsible for it.

It is here that the greatest hesitation must be felt with regard to success, and few medical men would be willing to become responsible for widely separated communities of insane persons, so difficult to reach or control; except as they might be very gradually formed, and careful tests applied at each new step.

In reply to some of the foregoing objections, it may be urged that attendants and patients would be scarcely more out of the way in a detached cottage than they frequently are in the wards of the large buildings; the classes of patients fitted for the cottage, too, would be of the sort least liable to abuse, having intelligence enough to protect themselves by promptly reporting their grievances. Further, if both patients and attendants were kept constantly well employed as an essential of the cottage life, giving them the wholesome fatigues of honest labor; if men and their wives of reliable character were secured as attendants; if vigilant night and day supervision were exercised, and a system of lighting grounds and buildings with gas were maintained, these difficulties could be deprived of part of their formidable character.

Again, before it can be seen how such a system would work, it must be tested by experiment; all present ideas are drawn from a different system. The class of attendants may be improved, while patients entering an institution upon a more free plan might adapt themselves more readily than is anticipated, to an order of things approaching nearer their previous life.

Taking the question now in an economical point of view, an advantage in favor of the cottage is apparent, as a saving in cost of construction of from \$700 to \$1,000 for each person provided for is easily demonstrable; the average congregate building costing \$1,500, and the cottages \$500 to \$800. It is of moment to inquire, however, whether this cottage is to differ in any respect from a common dwelling, and if so, in what

manner and extent? If it is practicable for considerable numbers of the patients to dwell in such houses as are proposed, it will be necessary for the welfare of a certain portion that extra appliances for security and strength be added. Brick is decidedly the preferable building material, and partitions should be of masonry as well in order to withstand fire and occasional assaults of violence, and also to shut in noise and secure quiet through the building. Certain classes of cases, too, like those of suicidal and homicidal mania and "pyromania," though otherwise fitter for a more domestic life, would need the guarded windows and "strong" rooms. Again, many of the houses would require to be built with a large proportion of single rooms, and the construction would be more expensive than an ordinary house, since many could not profitably sleep in a dormitory with others, while the noise or malice or vice of some, would necessitate single rooms for them. On the other hand, a limited use could perhaps be found for a few light wooden structures of the "pavilion" character, to be removed when contaminated or rendered unwholesome in any degree.

It can, however, scarcely be disputed that the incurably mischievous and malicious patients will be fully as comfortable and safe, and in a more satisfactory relation to those responsible for them in a securely constructed building under the immediate eye of the physician.

The provisioning and cooking will also be points of serious consequence. If meals are distributed from one central kitchen, the transportation will be a considerable expense, involving elaborate apparatus and extra help to operate it, while food will be likely to arrive cold and unpalatable, whereas if each of these buildings is to have a separate kitchen and store room, great confusion, waste and extravagance, will be risked, as well as badly prepared and improper articles of diet. Perhaps, however, these objections can be overcome by establishing a central dining hall, where the majority can meet for their meals. This is a method which works satisfactorily in many institutions, especially in the asylums of England.

The heating and lighting, the water supply, the sewerage, the bathing, the laundry arrangements, all offer difficulties.

If they are to be provided for from central sources, the expense in each instance will not be less, but greater, than that of supplying the same to one compact building; whereas if we are to depend upon ordinary arrangements such as exist in any family, grave sanitary, social and economical points, resulting from the complicating fact of insanity, at once present themselves, which the limits of this article forbid the discussion of in detail.

Another additional source of expense will be the necessity of securing a very highly trustworthy and efficient class of attendants for these detached buildings, whose reliability and skill will be found to have their definite market value.

Finally, in regard to economy, it is to be remembered, no matter how much the first cost may be reduced, that if the annual running expenses of an institution on any one plan are even very slightly in excess of those of another style, the cost will ultimately be far greater, accumulating as it will year after year.

The conclusions arrived at with regard to the cottage plan, in view of the foregoing statements, (which it has been sought to make with impartiality), are, that there is a certain goodly proportion of the insane to whom it is applicable; how large or small only a fair trial will show; that it is more practicable for males than females; that expenses of construction can be much reduced in this way, but current expenses will probably remain about the same; that for the extreme forms of insanity this plan is inadmissible. The violent require a stronger building, and, as more liable to ill-treatment or accident should be under the immediate observation of a medical officer. Recent cases need careful attendance in a well-equipped hospital. The suicidal or homicidal can only to a limited extent share the domestic life, and those in feeble health require care in the hospital asylum. Finally, the noise and violence of refractory cases should be as much circumscribed as possible, and for this reason they will be better associated in one substantial building than scattered over a wide area.

This is perhaps a proper place for a few words with regard to the "administrative" or central building. It would appear essential that there should always be a central structure, for the

use of cases requiring for any reason more special care, and for the probation and study of newly arrived patients to determine their proper place in the community of the insane. This is what obtains at Gheel, and is highly commended for its good working there.

The ordinary hospital or asylum has nearly always a main building, the most extensive portion of the structure, for the accommodation of the public, for the residence of officers, for store rooms and offices. This has frequently been constructed with an architectural display, and unnecessary elegance of internal arrangement which have called out censure and created a prejudice against it as a feature of the building, more or less superfluous and purely ornamental; but however much it may have had unessential and merely showy additions, it remains in itself indispensable in the proper character of a convenient place of reception for inmates first arriving, for offices for transaction of business, for distribution of stores, and no more suitable place can be found, for the residence of the medical officer. It should certainly be built and arranged with all regard to economy, and precisely adapted to its purposes, with no unsuitable display; but it is the only place where the person in control will be able to command that facility of prompt access to cases requiring special or immediate attention, that knowledge of what is going on in the wards, and among the scores of employees that readiness for all emergencies of fire or accident, which alone will admit of efficient discharge of duty.

With regard to the further occupancy of the central structure, many points requiring careful consideration present themselves. Here is the place for the acute cases; so often refractory and noisy, as well as for the feeble ones, or those suffering from bodily disease. Now, if this main building is greatly reduced in size by the removal of most of the intermediate patients, the incompatibility of the two will become painfully apparent, and detriment will result to both; yet a further subdivision of buildings in their interest would be extravagant, if not impracticable. Furthermore, this will be the spot for the general gatherings of patients for amusements and chapel exercises, and will be apt to be regarded by many patients and

their friends, from its general activity, life and bustle, as the most attractive and desirable location; while smaller and more distant buildings will to many have an aspect of loneliness, isolation and, perhaps, less relative importance. If this is partially obviated by having separate buildings for chapel and amusements, a certain percentage will lose the advantage of these in inclement weather, or when in poor health. These are points which argue in favor of one large building, and militate against the breaking up of the asylum into smaller parts.

In conclusion, the opinion may be hazarded that the mere separation or scattering of buildings is not so essential as pervading them, wherever situated and whatever their construction, with careful and wise supervision and a spirit of wholesome cheerfulness, while giving a more home-like character to the habitation of the insane, by dividing it up into parts as little formal and forbidding as possible in their furniture, fixtures and general plan, as well as granting every freedom compatible with necessary order, safety and industry.

The second division under the present head is the "degree of restraint necessary for the insane."

The question of restraint for the insane has led to an animated discussion between the alienists of this country and of England, in which the latter have sought to establish a position antagonistic to any and all forms of apparatus for restraining patients. American medical men in charge of the insane, on the contrary, as well as most of those controlling continental asylums, maintain that mechanical restraint is more or less required for the protection and benefit of the patients themselves. The English substitute for any and all methods of restraint is the coercion of the refractory patient by the hands of as many attendants as may be necessary for the purpose, continuing their activity as long as occasion requires, and in case of destructive tendencies, of making clothing and all other articles as strong and indestructible as possible. The writer has no prejudices with regard to either system, having employed both with advantage, and found patients quite unmanageable by one, yielding well to the other; but while not prepared to deny that restraining apparatus has ever been used to excess in the hos-

pitals of this country, one may be far from subscribing to the fanciful theory that two to six attendants are in all instances preferable as a means of restraint to some of the better mechanical contrivances. The latter will certainly often answer the desired purpose with less harm and irritation to the patient, and be more reliable in special instances of violence, or fury, or suicidal mania. Without most careful supervision and judicious control, any form of restraint is liable to abuse, and with this secured, that restraint is to be preferred which the physician can most definitely control and graduate precisely to every case.

The most unhappy feature of all restraint is the application of physical force which it necessitates, and the meeting of violence with violent and compulsory measures. This is degrading to attendants, as its use leads them little by little to lose sight of the "more excellent way" of persuasion and kindness within their reach. And whatever lowers the character of attendants reacts, of course, disastrously upon the patient; at the same time the direct effect of restraint upon the patient is degrading, as it arouses the most malignant passions, and its need frequently cannot be in any degree appreciated, while its use is often followed by humiliation and loss of self-respect.

The chief advantage of discarding mechanical apparatus of every kind, lies in the necessity it places upon the attendant of finding, just so far as may be possible, other means than those of force for controlling those under his care. If his alternative is between soothing the patient, keeping him in good humor and agreeably occupied, or holding him through a paroxysm of violence, he will be pretty sure to choose the former.

The direction in which improvement may be made in the use of mechanical restraint, is in placing it more completely in the hands of the physician. Patients are indeed much in the power of attendants, under even the most excellent management, but the employment of the means of restraint of every kind, ought to be surrounded by such safeguards as to render their use always judicious, and their abuse nearly or quite impossible. In all well-regulated asylums indeed, restraint and seclusion are only permitted upon the order or instruction of the physician,

but without the greatest watchfulness there is a constant tendency to exceed instructions. Emergencies arise, and are allowed to become precedents instead of remaining exceptions. To wait for permission a dozen times over for the same thing seems useless to attendants, and where they have once received permission in a given case to use a given form of restraint, when a case apparently the same comes up, *having the necessary appliances at hand*, they are too apt to proceed again in the same manner upon their own responsibility. Thus the system gradually degenerates, and becomes at last quite intolerable, if there are unprincipled attendants, or officers in the slightest degree lax. Furthermore, there is naturally a strong tendency on the part of the attendant to choose the shortest way out of the annoyance caused by a troublesome patient, instead of taking pains to pacify and allay irritability, and divert the thoughts into some other and better channel.

There is one means of remedying these defects which might be generally adopted with advantage. It is the placing of all the apparatus for restraint of every kind in the care of one responsible person, whose duty it should be to keep an exact record of its use, and only supply any article upon an order from the physician indicating the time, manner and continuance of the given restraint, after which the apparatus used is to be promptly returned. It would be a further step in advance to "post up," in a book provided for the purpose, full and detailed accounts of all restraint used, and scrutinize carefully the amount of restraint as a whole, and the particular instances. Attendants should be made to feel that it is their especial duty, as far as in them lies, to avoid all forms of restraint, and commended and promoted, other things being equal, in accordance with their success in doing so. When this is made for their interest, they will find it easier than they would otherwise imagine, by taking especial pains, to check with kindly and judicious management, frequent instances of violence and contention, and in the end this would be found to be the method costing themselves the least trouble and vexation. The physician often observes that patients who with one attendant have been found almost uniformly to need some form of restraint, with another will prove quite tractable, quiet and

good-humored. Aside from natural incompatibilities, this is often the simple result of the tact and gentleness of one, as compared with the ill-temper or domineering spirit of the other. Many patients constantly grow worse under restraint, their irritability and rage increasing with its continuance, and yet rendering it still more necessary, whereas in the first instance, a period of careful and unwearied kindly management would perhaps have determined a different and happier result. Notwithstanding the fact, however, that the vigilance of the physician will occasionally discover such cases as the above, there are nevertheless in all asylums many irreclaimable patients, whom no method of management yet devised can render tolerable in condition, except by more or less constant employment of restraint.

In this connection it is of interest to recall what has been accomplished in Great Britain in the direction of removing restraints. By far the largest majority of the asylums of England and Scotland employ no mechanical restraint; a reform having been begun about forty years ago by Dr. Hill, at the Lincoln asylum, and carried out with a success which gave him world-wide reputation, by Connolly, at Hanwell, from the time when he assumed charge of that asylum in '39, and to-day asylums there which employ restraint are the exception, both public and private, whether accommodating 1,400 patients, as at West Riding, or only 50 to 100, as at many private asylums. It is probable that the abolition of restraint has been carried to excess in Great Britain, as a reaction against previous barbarities in the asylums of that country, and in accordance with an exaggerated public sentiment against all possible employment of mechanical restraint aroused by novelists and sensational writers. But there is universal testimony to the fact that great improvement has been effected in the behavior and condition of the patients. And the error is, on the whole, upon the side of humanity and safety, even though in certain cases patients may have lacked for a needed salutary influence.

III. The third division of our subject is, "The effect of asylum routine upon the individual patient."

The matter of personal attention to each individual insane

man or woman, is one which cannot be too strongly brought into prominence. The public at large, and to some extent those in the care of the insane, are prone to regard the malady as a thing apart from the patient. The time has indeed gone by when demoniacal possession is accepted as an explanation of madness, but mental disease is still far from being generally understood as a result of the perversion of natural and healthy functions, which it really is. Bodily disease was once similarly regarded as an enemy for the physician to exorcise or expel from the body, almost without reference to any peculiarities of the patient himself, and insanity is still too much considered in the light of an evil external influence which has seized upon the patient, and must be driven away. Griesinger, than whom there is no weightier authority upon mental disease, as quoted by Dr. Folsom says: "Nowhere is there greater need of strictly individual treatment, than with the insane; nowhere must we more constantly bear in mind the fact that not a disease but a diseased individual, not insanity, but one who has become insane, is the object of our treatment."

In the insane man or woman with whom we have to deal, however suppressed or distorted for the time all healthy thought and feeling may be, these or their elements still remain and constitute the basis upon which all efforts at restoration must be made, and as diverse as have been the lives, the tastes, the character of these men and women, so varied should be their treatment mental, moral and physical.

The foregoing propositions may be thought trite enough. Let us now inquire how near the institution for the insane, as at present constituted meets the requirements suggested. The asylum brings together, upon a common basis of surrender of personal liberty and control by external authority, men and women from every station, rural life and town life, high life and low, trades and handicrafts, mercantile and professional pursuits are represented in about the proportions found in the outside world. Within the asylum all are conducted through substantially the same daily round; the same hours of rising and retiring, the same food with scarcely an exception, the same forms of exercise, labor and recreation. From 12 to 40 are associated together in one ward with a proportion of one

attendant to 12 or 15 patients. Each of the assistant physicians has from 150 to 300 patients to attend upon daily, and the medical superintendent makes the round of each ward once or twice a week. There are 6 to 12 wards for each sex, all constructed, arranged and ordered upon the same general plan. Now the change from former life for all who enter the institution is great indeed, and very many, when reason and power of reflection begin to return, find themselves in an abode so different from any ever previously seen or imagined, in its mode of life, its inmates, and its domestic arrangements, that they almost deem themselves transported to a different world. Disordered fancies, sharpened sensibilities, separation from friends, and the absence of anything homelike or familiar, render their condition still more pitiable; and it is plain that kind, careful and sympathetic attention is now sadly needed when reason begins feebly to reassert her sway. The patient is generally under the care of a well-meaning attendant, but a young person usually and too often engrossed of necessity in the mechanical discharge of duty; without special training and, in a majority of instances, not possessing tact and skill, even where the inclination exists, to consult the peculiarities of the person.

In an extensive institution, system, regularity and strict discipline are absolutely essential, and the making of even slight exceptions to any given rule, is a grave matter in its ultimate bearings and results. Thus, such patients as can submit easily to all requirements are measurably comfortable, but those of an eccentric, unpliant, or independent disposition, (a large proportion of the insane,) chafe continually in the harness. There is much to create a feeling that their identity is quite lost, and that they are regarded as parts of a vast machine whose daily evolutions must be performed at all hazards. That kind and careful personal attention so universally pleasing and so essential to a good understanding of any man, sick or well, is lacking, and leaves many sadly alone in their strange surroundings.

In regard to each patient individually it is desirable to determine what influences of every kind will be salutary. Absolute rest is needed for some, moderate employment for others,

recreation pure and simple, for others who if not intelligently guided would determine the question, or have it determined for them in exactly the wrong way. Some patients may be treated with implicit confidence. Others need carefully applied restraining influences. The interaction of patients and attendants is to be carefully studied. The extent to which patients may read, write or receive visits, attend chapel and entertainments, the changes from time to time in mental condition, the transfer from one ward to another, and above all in acute cases, the medical treatment; these and a hundred other questions are constantly arising which to be wisely and successfully decided, require a minute knowledge of each patient's daily life and previous history, which cannot be kept in mind with reference to hundreds of individuals, and it must be admitted that one reason why all are put through so nearly the same routine is, that it is quite impossible for the physician with the large numbers at present in charge to determine each of these questions upon its individual merits; hence all are placed too nearly upon the same level.

Now, how are the difficulties above detailed to be met? Some of these are unavoidable evils, but others, it is to be hoped, admit of a remedy. The most obvious question is with regard to the proper size of an asylum. Without pretending to assign any arbitrary limits, it may safely be asserted that the number of patients in almost every institution is greater than can be cared for with the desirable attention to details in each case, and all possible increase of physicians and attendants consistent with economy is a great desideratum. It were well if each institution could be small enough to admit of closer personal relations between physicians and patients as well as attendants and patients, but they must be taken as they at present exist, future progress in legislative appreciation of the needs of the insane being trusted for determining the foundation of institutions of more harmonious relative proportions.

Another direction in which much may be accomplished is in dividing the insane so as to bring more together those requiring similar management. Many of the chronic insane need no special medical treatment and form a class by themselves.

Again, those requiring medical treatment and special diet and nursing, would fall into one or two nearly related groups.

Further, patients of ample means and more liberal previous lives would naturally expect, and be able to command, quarters equipped on a more generous scale, and require, generally speaking, a nearly uniform management, hence they may be beneficially associated.

In the diversification of employments; in introducing more of the home element into each ward or building; in securing attendants of greater experience and character, and increasing their number, so that there may be more real *companionship* between the insane and those caring for them, I firmly believe a larger proportion than is now imagined may be made comfortable, contented and useful, as well as the percentage of recoveries increased. With regard to the physician's relations to the patients, his selection and trainings of attendants is a main responsibility and point of constant solicitude, and that is one great means of impressing the patient with the influences deemed most advantageous; but it were well if he could come closely enough in contact with each of those under his care to be known as a friend rather than esteemed as hard driven and preoccupied officer; for it is quite impossible that the medical director should know personally that each detail is managed by a hundred employes as he would have it, without constant vigilant following up of his instructions to see that they are executed to the letter, and it is only by instructive examples made of the negligent or untrustworthy that a wholesome *morale* can be maintained throughout an extensive establishment.

IV. The fourth subject proposed for discussion is, "Treatment received by patients from attendants."

Among the unhappy features of insanity is the necessity it so often involves of placing its victim under the care and control of strangers; this has its advantages, shown in the fact that many of the insane are both more reasonable and more comfortable with strangers, than with those before whom they have been accustomed to act out more completely their thoughts and impulses, or whom they have been wont to control by authority, or manage by persuasion or tact.

And here I trust a brief digression will be pardoned for the purpose of saying a few words about the management of the insane by their own friends. It is a fact familiar to those who have been in a position to know that the immediate family and friends of an insane person are not only frequently more mistaken in their kindness, but also more harsh and injudicious than attendants in any good asylum would ever be found to be. Those surrounding an insane person often conduct themselves with little judgment, and sometimes without humanity. In their most proper desire to secure necessary quiet and repose for the disordered mind, they either oppose indiscriminately every tendency to activity, good or bad, or else yield to the most fantastic and unreasonable whims in the hope of pacification, without once seeming to reflect that there is a golden mean to be observed in accordance with the dictates of common sense. The immediate friends of the insane are not only often unwise, but they are misguided and even cruel to a degree which would be scarcely credible to one who had not seen their folly or harshness, or its results. Not only are a majority of the patients brought to the asylum tricked, deceived, and kept ignorant of the step in view, but a superstitious dread of violence, which is supposed to be characteristic of all insanity, leads to the use of unnecessarily harsh and cruel methods of restraint. Patients are often brought to the hospital barbarously bound with ropes or handcuffed, when such restraint is unnecessary; even punishment and cruel beating are resorted to, to correct what is regarded as "ugliness" on the part of the patient, and often when not treated as a malefactor, he is led to suppose he is coming to a hotel, or is left only for a few hours, or days, when he will be called for again. Is it any wonder in such a case that when the patient finds himself shut up in the asylum, he loses all confidence in those he had formerly trusted, and regards with suspicion or implacable dislike, those in whose custody he has been placed by such means?

While the insane are thus regarded by the world in general as wild and dangerous animals, or as perverted mortals with whom there is no obligation of keeping faith, is it surprising that even at the asylum all superstition and ignorance cannot be done away with?

But now to return to the question of the treatment generally received from their attendants by patients in insane asylums: This is perhaps the point of greatest difficulty in the management of an institution for the insane. The selection, instruction, training and vigilant supervision of all who come in personal contact with the insane, gives the medical superintendent full scope for every energy and excellence of character that a man can possess.

It is the attendant who is in constant, familiar contact with the patient, who exercises the most potent influence upon his or her welfare.

The most obvious criticism upon attendants as found in most of our asylums, is that they are lacking in age, experience, and education. They are for the most part a class of unmarried young men and women, in perhaps a majority of cases foreigners, who seek this occupation rather than exclusive manual labor or more menial household employment. It is easily conceivable that persons of education or cultivation would seldom accept such employment, as good abilities and character are better rewarded in other fields; the wages received being generally only such as the commonest labor and service command in the outside world. Furthermore, such an increasing amount of opprobrium has of late been heaped, justly and unjustly, upon those assuming the care of the insane, that many of those who would make the best attendants, would be the last to enter the service.

The fact being then that the attendants upon the insane, nearly all come from the less skilled and educated classes, and embrace a considerable proportion of foreigners, the evils are such as may be easily inferred. Attendants are apt to have little appreciation of any duties toward the insane, except the primary ones of attending to their material wants. They maintain strict cleanliness, and such order as it is in them to secure. They are engrossed pretty constantly with the purely mechanical performance of this work, and equally mechanical obedience to the rules laid down for their observance, but are lacking in those undefinable but equally important requisites which only intelligent sympathy, tact and good breeding can supply. At the same time, there are apt to be among them a

few mere eye servants, who shirk every labor it is possible for them to escape.

The difficulty of securing persons well calculated for attendants is immense; if they possess the requisite energy and power of control, they are apt to be harsh and stern, if they are of a kind and genial disposition, they are apt to be lax in the discharge of duty, and so lacking in authority that the most injurious disorder prevails. If they are young, they are wanting in tact and judgment, if more advanced in years, notional and unpliant. Finally, when good attendants are obtained, they seldom remain long in the service, as it has little to attract, and they either have other views in life, not being able to make a permanent settlement in the asylum, or become irritable, discontented and useless under the ceaseless wear and tear of such a pursuit upon the nervous system and physical endurance; for there is a certain amount of demoralization in the continual contact with depraved and morbid minds and bodies, and the care of the worst forms of insanity has a degrading tendency. Especially is the influence mutually bad between attendants and the obstreperous, filthy, and destructive insane who require restraint, the use of which tends constantly to render both parties oblivious of the law of kindness, and substitutes physical force for moral suasion, the former gradually encroaching where only the latter need be used. But it is vastly easier in taking account of the conduct of attendants to blame them for harshness and cruelty than it is to consider what they really have to endure. They are exposed to vile abuse and risk of personal safety to which few of those who criticise them would ever think of submitting.

The considerations above adduced with regard to attendants naturally lead to the inference (correct I believe for most of our asylums), that cases arise where the helpless position of the patient and lack of knowledge or kindness of feeling on the part of the attendant lead to cruel and evil results—the cruel and evil are seldom, almost never, intentional or even conscious; such are the *morale* and discipline of all asylums, and such the vigilance exercised over all attendants; but are the offspring of selfishness or carelessness, and occasionally of excitement or anger. This, however, is not saying enough for the

charity, generosity, and practical efficiency of our age. A way should be found of securing persons of character for attendants upon the insane, of training them thoroughly and retaining their services during good behavior.

It is now pertinent to inquire what means are available for improving the quality of immediate attendance upon the insane. The first step in advance it would appear desirable to make, is to secure a higher grade of care for all acute and recent cases of insanity (which deserve most careful treatment on account of greater prospect of recovery), and provide skillful nursing for all cases of bodily sickness. A thoroughly trained nurse is a rarity among the sick either in public or private. The hospitals and asylums for insane are generally not altogether destitute of good nurses, formed on the spot by patient teaching; but as a rule, they have manifold additional duties, and can ill be spared to give all attention to single individuals. A single recent case, however, might often profitably employ the entire time and energies of a well selected attendant, perhaps by that means alone recovering health and reason; and it is desirable to bring into prominence here the fact that almost any pains taken, or expenses incurred, for curable cases, are well bestowed. One year's support at an expense of, say, \$500, would be infinitely cheaper than sustaining a patient for the rest of his natural life at the public expense, if he remained insane, and he would, furthermore, if cured, return to society and the State as a producer.

What is needed is a larger corps of attendants to admit of detailing for special duty as many as may be called for by any given amount of sickness, or number of acute cases wanting special care. The proportion of attendants for recent cases should, as a whole, be greater. In the best English and Scotch asylums it is one to eight for all pauper patients, and one to three for private patients. This admits of a degree of attention to the needs of each person, and of companionship and recreation, which are highly beneficial. We might accomplish in part the same object, and not unreasonably increase expense, by bringing within more narrow limits the classes here considered, and by employing for attendants upon the great body of the chronic and mild insane, men and women of sufficient

qualifications for this less exacting work, who will labor or occupy themselves with the insane, and whose labor will be to some extent productive. Furthermore, if men and their wives are allowed to be associated in the care of the insane, a much needed element of stability will be introduced, and at the same time an additional advantage secured for the patients in the domestic atmosphere thus secured, an element which our asylums greatly need, and which their inmates sadly miss.

A higher state of organization and efficiency, a more complete equipment of institutions (the majority of which are still in their infancy with us), and an improved public sentiment, will each in their different way contribute to the securing in each institution of a more skilled and intelligent class of help, as well as a few specially qualified for companions to the insane.

V. The fifth and last topic proposed is, "The relation of the institution for the insane, (1.) To the general public, (2.) To its own officers and employes, (3.) To advancement of scientific knowledge.

It is not attempted to discuss these topics in all their bearings, but only to point out one or two more pertinent considerations with regard to each.

(1.) The relation of the asylum to the general public.

There are three causes which lead to prejudice, suspicion, and misapprehension on the part of the public toward our asylums. First. A part of every asylum is ever kept closed from the inspection of the public at large. Second. Patients often require to be totally separated from their friends, and not allowed for a considerable time to see those most interested in them. Third. There is a prevalent disposition to withhold from general view everything unpleasant or repulsive connected with the asylum, and exhibit only its agreeable and inviting features. The first two practices are founded in wisdom and well-established rules of management, but it may well be questioned whether it is not possible to avoid, a little further than is always done, the appearance of keeping from the public eye all the more disagreeable and violent features of insanity, and whether, in a way to do no injury, a truer idea might not

be given of the treatment received, and the quarters occupied by the turbulent insane. It is safe to say that by doing so, a great number of unfounded prejudices and wrong suppositions would be removed. Risk is incurred in allowing none but the attractive side of the hospital to be seen. This has in some degree the very opposite effect to that intended, giving busy imaginations and tongues all the greater room for play, and does not satisfy large numbers of visitors, many of whom, perhaps, have a senseless craving for something sensational; but others are also actuated by a perfectly legitimate desire to know how the more extreme cases are managed, as well as by sympathy with their misfortunes; for the true knowledge of the condition of the insane in our public asylums, of what is done for them, and of how they are dealt with, is a proper subject of inquiry with citizens and tax-payers.

Another evil of repression is, that where there is any suspicion or any grievance, real or imaginary, it results in an amount of smouldering and pent-up ill-will within and without the walls of the asylum, which accumulates and propagates itself continually, until an explosion is necessitated, often disastrous to all concerned. This infectious matter may be compared to waste and noisome products in the material world which are poisonous in the highest degree where allowed to collect in heaps, but scattered and exposed to the free air and sunshine, lose all their dangerous and pestilential qualities. So the admission into asylums of the utmost light and freedom, consistent with the welfare of the inmates is very desirable. There are certain limitations necessitated by propriety or regard for the feelings of friends or welfare of patients, but it is better that every detail of a given case should be fully known, and that patients should be seen in their worst as well as their best estate, than that wrong inferences should be permitted to be drawn.

2. "The relation of the asylum to its own officers and employees."

The principle for which prominence is here sought is that of the paramount importance of the interest of the insane over any and all other interests in the institutions founded for their benefit. Their confinement in the asylum deprives them of

the most jealously guarded rights of our race, and it is due to self-respect and humanity to see to it that the few privileges which still remain to them are not violated, since they are themselves without the power to demand just treatment successfully, even where they have any proper conception of their position.

In innumerable ways injury and injustice may result to the insane from their disadvantageous situation, unless all who are engaged in caring for them have frequent occasion to reflect that their positions are created *for the service of the insane* and have no other reason for existence.

In the ordinary affairs of life self-interest may be left to its natural powerful agency in regulating conduct, but in the asylum, its operation must be disastrous if it rules with unrestrained force where the power and skill are all upon one side. Great magnanimity and watchfulness and self-restraint, therefore, can alone enable either officers or subordinates to fulfill all their duties and all should be impressed with the thought that the asylum is the home of the insane and all its resources the property of the insane; held in trust for them by those in charge and that the trust is a most important and sacred one.

3. "Relation of the institution for the insane to advancement of scientific knowledge."

It is frequently remarked with regard to the numerous asylums of our country, that few of them produce any records for public or professional benefit, of researches in the wide and attractive fields of physiology and pathology of the mind and nervous system, which every asylum must offer to the enterprising explorer. Contributions to our knowledge of mind or brain are received from but few of our hospitals and asylums for the insane in spite of the large stores of rich material and opportunities for observation which are ready to the hand of any who will improve them.

Some of the reasons for this are not far to seek. Most of our institutions are as yet but imperfectly supplied with even the appointments of actual every day convenience or necessity. Still less do they possess the facilities needed for original investigation, study and research. The appliances requisite, the instruments and apparatus, the morgue, the library of stand-

ard works and periodicals, can only be obtained at considerable outlay and no money is appropriated for such purposes. We need a livelier appreciation on the part of the public and of legislative bodies, of the actual *waste* of valuable material that ought to be utilized for science which goes on continually in our institutions for the insane. As a mere matter of business the public and profession of medicine should demand some return in progress of knowledge for its outlay upon these institutions and should place them in a position to meet that demand. The additional expense would be trifling compared with the advantages gained.

Again, scientific labors and researches of the kind under consideration, to possess value, require on the part of those making them extensive preparatory study and familiarity with what has been accomplished in the same field by others, as well as close and continuous application of time and thought. But in the large majority of cases, the latter of these essentials is wanting, even where the former is present. The medical officers of our institutions have an immense number of miscellaneous duties; indeed, their medical duties, pure and simple, form but a small part of what devolves upon them—office work, business routine, and correspondence, with various administrative labors, consume a vast amount of time. In a public position, numerous demands not felt in private life, must be met. The number of patients under their care is so great that proper supervision of the whole does not admit of undivided attention to one special case or group of cases. Add to this the incessant interruptions to which they are liable, and it is easily seen why only a few of the older or more specially favored institutions yield results of consequence to science.

For the above reasons, it seems desirable to increase the medical staff of these institutions, not in order that physicians may have less to do, but that their labors may be so concentrated and specialized as to give a higher efficiency to those of each.

Every asylum should be made more and more a centre of observation and research, a source of information and instruction to the profession of medicine, and of enlightenment to the public. Our medical schools should enforce more thorough

instruction in mental disease and make a respectable knowledge of insanity an essential of graduation; not only that physicians may be better prepared to deal intelligently with madness when occurring in their practice, but that they may foresee and avoid it for their patients and aid in its eradication. There is no reason why advanced students in medicine should not act a mutually advantageous part in the economy of many hospitals for the insane by undertaking minor duties and assisting the labors of the regular medical staff.

A recapitulation of the points embraced in this paper, leads the writer to the conclusion that there is not so much any one radical reform needed in our asylums, as a higher and finer state of organization and efficiency in every department. The whole life of the asylum ought to approach more nearly the natural course of human existence. The standard should be the domestic comfort and felicity of home. True family life is the ideal for universal humanity, however imperfectly it may be attained in any given case, and with all the restrictions and limitations which insanity necessitates, it is still the safest and surest guide. Life in the asylum as at present constituted, is so unnatural, narrow, barren, and mechanical; the situation of the inmates is so artificial, that they lack opportunity to assert themselves in good directions as well as in bad. Their relation to the asylum is simply incomprehensible to a majority of the insane, and weighs upon them with a paralyzing force which it is safe to say might be relieved in numerous instances by a more natural and familiar environment.

To accomplish this object—

1. Employments need diversification.
2. The sacred right of the insane to every possible extension of liberty, and removal of restraint needs *new emphasis*.
3. Every patient needs to be treated upon his or her individual merits.
4. Attendants more highly skilled and intelligent who can, as occasion offers, be either agreeable companions or kind nurses, need to be brought into the service and increased in number.

Our institutions for the insane, now as ever, reflect the point at which average public opinion has arrived, and it would

be folly to assert that perfection had been attained or progress could not still be made. With better knowledge of insanity on the part of the people at large, quickened legislative interest, and larger facilities in the command of officers of asylums, a new atmosphere may be brought to pervade the abodes of these unfortunates; but these must all work together, and can accomplish little if at war.

A movement for the social and moral deliverance of the insane, similar to the physical emancipation effected by Pinel when he struck off the chains of the madmen in the Bicêtre, seems to be gathering force from all sides. Iron manacles were then considered appropriate for lunatics, and the great liberator was asked if he had not himself gone mad in making so wild an experiment.

To-day, perpetual enchainment in a living tomb is no longer tolerated, but fetters of the spirit are equally odious to our age, and the philanthropy of the time will not rest until it sees the asylum for the insane deprived of its many remaining imperfections.

ART.VI.—RAPIDITY OF TRANSMISSION OF NERVE-FORCE IN NORMAL AND STRETCHED NERVES—EXTRA-POLAR KATELECTROTONUS.

By ISAAC ORR, M. D.

THE ability to measure the rapidity of nerve-force was thought to be impossible, but Helmholtz, by means of the galvanometer, solved the question. The galvanometer was used to measure the small interval of time. He afterwards turned his attention to the graphic method of measuring the time involved. His results on the nerves of frogs were, that between 11° and 21° C. the rapidity varied between 24.6 and 38.4 metres, the most probable mean as 26.4 metres per second. Low temperature reduces the rate of transmission. In my experiments I employed a Marey-Foucault regulator, a